

Please type or print legibly with ink.

Notice: Completion and submission of this document with appropriate fees is mandatory under section 281.48, Wis. Stats., and Chapter NR 113, Wis. Adm. Code. Failure to properly complete and submit this form, with appropriate fees while continuing to service septic systems is a violation of section 281.48, and Chapter NR 113 and may result in a monetary penalty. Personally identifiable information on this form will be used to administer the Septage Servicing Business Program, to supply additional information on future training sessions and new Septage Servicing products and may be made available upon request under Wisconsin's Open Records law ss. 19.31-19.39, Wis. Stats.

If landspreading is to be used as a method of disposal, landspreading sites must be approved prior to use. The following should be included when seeking site approval: Land Application Approval Form (Form 3400-133) and Landspreading Site Evaluation Form (Form 3400-53).

The licenses expire on June 30 of every odd-numbered year. The fees are not pro-ratable for periods of less than two years. Please include the following fees when mailing this application to the Department of Natural Resources. Fees as of June 1997:

Resident Business:

\$50 per vehicle X _____ vehicles = \$ _____
\$100 Groundwater fee = \$ 100.00
Total Due = \$ _____

Non-Resident Business:

\$100 per vehicle X _____ vehicles = \$ _____
\$100 Groundwater fee = \$ 100.00
Total Due = \$ _____

Late Filing Fee = \$ 25.00

1. Ownership is: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			3. If ownership is a corporation, is it incorporated under Wisconsin laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If incorporated elsewhere, is it licensed to do business in Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Name of Business Street or Route City State ZIP Code Telephone Number ()			Name of President Name of Secretary		4. Location from which business is to be conducted <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village of County
5. Do you intend to haul any industrial wastes? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, provide industry name, location and type of waste.		
6. You must have a certified operator appointed as the operator-in-charge before the business license can be issued. Businesses that landspread are required to have an operator-in-charge certified at the Grade 2 level. Businesses that NEVER landspread are required to have an operator-in-charge certified at least as a Grade 1 Restricted operator. Does this business landspread? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Printed Name of Operator-In-Charge (if different than the owner)			Operator-In-Charge Certification Number		
Signature of Operator-In-Charge				Date Signed	
For DNR Use Only					
Operator-In-Charge Certification Number		Operator-In-Charge Certification Grade Level		Operator-In-Charge Certification Expiration Date	
When the business is owned by a corporation, the authorized officer must sign and date this form.					
I hereby certify that all the information contained herein is true to the best of my knowledge.					
Printed Name of Authorized Officer For Corporation Completing Form			Signature		Date Signed

When the business is owned by an individual or partnership, all business owners must sign and date this form.

I hereby certify that all the information contained herein is true to the best of my knowledge.

Printed Owner Name	Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date Signed
Printed Owner Name	Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date Signed
Printed Owner Name	Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date Signed
Printed Owner Name	Are you a Wisconsin resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date Signed

NOTE: In future correspondence please identify yourself by full name, business name, and sanitary license number on any letters, forms, checks, etc., which you send to the Department of Natural Resources.

Notice: Individuals are required to provide a social security number (SSN) or Federal Employer Federal Identification Number (FEIN) to be used as specified below.

1. Provide the SSN for the Department to consult with the Department of Workforce Development to determine whether the applicant is delinquent in court-ordered child or family support payments:
 - under s. 29.024(2g)(a) Wis. Stats., when applying for a hunting, fishing or personal license, permit or certification
 - under 299.08(1), Wis. Stats., when applying for certain occupational licenses or approvals
2. Provide the SSN or FEIN for the Department to consult with the Department of Revenue to determine whether the applicant is delinquent in paying Wisconsin taxes:
 - under s. 29.024(2r)(a) and 299.07(1), Wis. Stats., when applying for certain occupation-related licenses or approvals
 - Laws for tax delinquency determination require an individual to submit a social security number. Applicants who are not individuals [i.e. businesses] are required to provide a Federal Employer Federal Identification Number (FEIN).

The Department cannot process your application for a license, permit, approval, certification or renewal unless you provide the information requested. Information collected on this form is confidential. The number SHALL NOT be disclosed to any other person except the Department of Workforce Development or the Department of Revenue. By requesting SSN and FEIN data on a form that is separate from applications and renewals, the Department is taking extra steps to assure the confidentiality of this information.

Purpose: The 1999 Wisconsin Acts 9 and 32 set requirements for people and businesses licensed, registered, certified, or permitted to conduct business in Wisconsin to provide their Social Security Number or Federal Employer Identification Number. The purpose of this law is to help collect child support from parents [section 49.857(2)(b)5, Wis. Stats.] and collect taxes from individuals and businesses [section 73.0301(2)(c)2, Wis. Stats.] that are delinquent in their payments. This law also requires the Department of Natural Resources to deny or revoke the licenses, permits, registrations or certifications to these individuals and businesses [sections 29.024, 299.07 and 299.08 Wis. Stats.].

For copies of the State Statutes, contact the Wisconsin Revisor of Statutes Bureau.

- Visit their internet site at <http://www.legis.state.wi.us/rsb/> or
- If you do not have internet access, call (608) 266-2011.

Instructions

Print or type clearly and provide complete information for DNR processing purposes. Include:

- Your name, phone number, address and **Social Security Number (SSN)** if your application is for any **personal** license, permit, registration or certification.
- Your name, phone number, address and **Federal Employer Identification Number (FEIN)** if your application is for any **business** license, permit, registration or certification.

Sign and mail this completed form along with your license, permit, certification or registration application or renewal form.

NOTE: If you have multiple licenses, permits, certifications and registrations, you are likely to be asked to complete separate forms with each type of application or renewal.

Applicant Information

Last Name	First	MI	Telephone Number	SSN For Individual
Business			Business Telephone Number	FEIN For Business
Address		City	State	ZIP Code

Certification

I certify that information provided on this form is true and correct.

Applicant Signature	Date Signed
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DNR Use Only

License, Registration, Certification or Permit Type	License, Registration, Certification or Permit Number
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